# **OBC Undertaking**

## Declaration / undertaking - for OBC Candidates only

I, son/daughter of Shri	resident of village/town/city	district
State hereby declare that I belong to the	community which is recognise	d as a backward
class by the Government of India for the purpose of reserva	ation in services as per orders contained	in Department of
Personnel and Training Office Memorandum No.36012/22/93	3- Estt. (SCT), dated 8/9/1993. It is also o	declared that I do
not belong to persons/sections (Creamy Layer) mentioned in	n Column 3 of the Schedule to the above	e re ferred Office
Memorandum, dated 8/9/1993, which is modified vide Dep	partment of Personnel and Training Offi	ce Memorandum
No.36033/3/2004 Estt.(Res.) dated 9/3/2004.I also declare the	at the condition of status/annual income fo	or creamy layer of
my parents/guardian is within prescribed limits as on financial	year ending on March 31, 2017.	

Signature of the Candidate

Place:

Date:

Declaration/undertaking not signed by Candidate will be rejected

#### **OBC Certificate Format**

#### FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS / ADMISSION TO CENTRAL EDUCATIONAL INSTITUTES (CEIs), UNDER THE GOVERNMENT OF INDIA

## <u>"This certificate MUST have been issued on or after 1 April 2017."</u>

This is to o	cer tify that Shri/Smt./Kum.	Son/Daughter of Shr i/Sm	t
of Village	/Town	District/Division	in the
State bel	ongs to the	Community which is recognized as a b	ackward class under:
(i)	Resolution No. 12011/68/ dated 13/09/93.	03-BCC(C) dated 10/09/93 published in the Gazette of	India Extraordinary Part I Section I No . 186
(ii) (iii)	Resolution No. 12011/7/9	•	dinary Part I Section I No. 163 dated 20/10/94. a Extraordinary Part I Section I No. 88 dated 25/05/95.
(iv) (v) (vi)		BCC dated 6/12/96 published in the Gazette of India Extraor	dinary Part I Section I No. 210 dated 11/12/96.
(vii)	Resolution No. 12011/13/ Resolution No. 12011/99/ Resolution No. 12011/68/	94-BCC dated 11/12/97.	
(ix)	Resolution No. 12011/88/98-	BCC dated 6/12/99 published in the Gazette of India Extraor	
(x)	Resolution No. 12011/36/ 04/04/2000.	99-BCC dated 04/04/2000 published in the Gazette of	India Extraordinary Part I Section I No. 71 dated
(xi)	Resolution No. 12011/44/221/09/2000.	09-BCC dated 21/09/2000 published in the Gazette of I	ndia Extraordinary Part I Section I No. 210 dated
( )		000-BCC dated 06/09/2001. 001-BCC dated 19/06/2003.	
( )	Resolution No. 12011/4/2	002-BCC dated 13/01/2004.	

(xv) Resolution No. 12011/9/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 16/01/2006.

Shri/Smt./Kum. \_\_\_\_\_ D istrict/Division of

State. This is also to cer tify that he/she does not belong to the persons/sections (Creamy Layer) me ntioned in

Column 3 of the Schedule to the Government of India, Depar tment of Personnel & Training O. M. No. 36 012/22/93-Estt.(SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt.(Res.) dated 09/03/2004.

Dated:

District Magistrate/ Deputy Commissioner, etc.

Seal NOTE:

(b)

- (a) The ter m 'Ordinarily' used here w ill have the same meaning as in Section 20 of the Representation of the People Act, 1950.
  - The authorities competent to issue Caste Cer tificates are indicated below:
  - (i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / First C lass Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Ex tra Assistant Commissioner (not below the rank of Ist C lass Stipendiary Magistrate).
  - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
  - (iii) Revenue Officer not below the rank of Tehsildar and
  - (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.

OBC Certificate issued from Maharashtra State must be validated by social welfare Department of Maharashtra Government

## SC/ST Certificate Format

#### FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE

This is to certify that Shri/Smt./Kum				Son/Daughter of Shri		
	_of village/Town	in	District/	Division	-	of the
State/Union Territory Caste/Scheduled Tribe under.		_ belongs to the		caste/Tribe, which	ch is recognized as	a S chedule
The Constitution (Scheduled The Constitution (Scheduled	, ,					
The Constitution (Scheduled	, ,	v.) order. 1951.				
The Constitution (Scheduled						
(As amended by the Sch	eduled Castes and	Scheduled Tribes (Modificati	on) Order	1956, the Bombay R	eorganization Act, 19	60, the Punjab
		I Pradesh Act, 1970, the Nort	h Eastern	Areas (Reorganization	Act, 1971) and the Sc	heduled Castes
and Scheduled Tribes orde						
*The constitution (Jammu &						
	an and Nicobar Island	ds) Scheduled Tribes, 1959,	as amend	led by the Scheduled	Castes and Schedule	d Tribes orders
(Amendment) Act. 1976; *The Constitution (Dadra a	nd Nagar Havali) Cab	dulad Castas Order				
1962; *The Constitution (Dadra a						
1962; *The Constitution (Po						
*The Constitution (Uttar Pra		, ,				
*The Constitution (Goa, Da						
*The Constitution (Goa, Da						
1968; *The Constitution (Na						
*The Constitution (Sikkim)						
*The Constitution (Sikkim)						
*The Constitution (Schedul						
	,	endment) Ordinance, 1991.				
*The Constitution (Schedul						
1991. *The Constitution (So	fieduled Tibes) Orali	Idilice, 1990				
This certificate is issued on the bas	sis of the Schedul e	d Castes/Scheduled Tribes	Certificate	issue to		

Shri	Fathe	r of Shri		of	
village/town_	in Distric	t/Division		of the State/UT	
	who belongs to the	caste/Tribe which is recognized as a SC/ST in the State/Union Territory			
	issued by the		(name of	of the prescribed issuing authori ty) vide	
their No.	-	dated	or Shri		
and or his/he	r family ordinarily reside(s) in Village/Town _		of	District/Division of the State/Union	
Territory of					

Place	Signature
Date	Designation
	(With seal of Office)

NOTE: - The terms ordinarily reside(s) used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950. SC Certificate issued from Maharashtra State must be validated by Social Welfare Department and ST Caste certificate must be validated by Tribal Development Department of Maharashtra Governm ent.

#### LIST OF AUTHORITIES EMPOWERED TO ISSUE CASTE/TRIBE CERTIFICATE:

- 1. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner /Additional Deputy Commissioner/Dy . Collector/ 1st Class Stipendiary Magistrate/Sub Divisional Magistrate/Extra Assistant Commissioner/ Taluka Magistrate/Executive Magistrate.
- 2. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.

3. Revenue O fficers not below the rank of Tahsildar.

4. Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

## **PwD Certificate Format**

Format	for Physically Challenged (PH)/P Certificate (To be obt	ersons with Disabilities (PwD) ained by the candidate)	٦
	(To be filled by Medical Boa	• •	
	Affix here recent		
	Photograph showing		
Certificate No:	the disability duly		
Date:	attested by Medical		
Dale.	Superintendent /CMO/Head of		
	Hospital (with seal)		
This is to certify that Mr.	/Ms	son / dau	ghter of
Mr./Mrs		Agemale/female , Re	gistration
No	is a case of	. He/She is physically disabl	led/visual
disabled/speech and hearing disabled/speech and hearing disabled	sabled/having mental retardation/lepro	osy cured and has %(	per cent)
Note:			
This condition is progressive/r	not progressive/likely to improve/nc	t likely to improve*.	
	nmended/ is recommended after a e out whichever is not applicable)	period of months	
Signature of Dr.	Signature of Dr.	Signature of Dr.	
Name of Dr.	Name of Dr.	Name of Dr.	
Specialization	Specialization	Specialization	
Seal with Degree	Seal with Degree	Se al with Degre e	
(Member, Medical Board)	(Member, Medical Board)	(Member, Medical Board)	

Signature/Thumb impression of Patient

Countersigned by the Medical Superintendent/CMO/Head of Hospital (with seal)

#### Information/Guidelines:

- 1) Disability certificate shall be issued by Medical Board of at least three doctors duly constituted by the S tate or Central government under P WD Act.(One of the Locomotor, Visual dis ability ,Hearing and S peech dis ability ,Mental disorder and Leprosy cured)
- 2) For candidature under physically challenged category, candidates only with a minimum of 40% disability is required.
- 3) The Medical Board at Reporting Center of CCM T will assess the Physically Challenged (PH) certificate. In case there is serious doubt about percentage of disability/ genuineness of the certificate, the candidate will be referred for reassessment to the Medical Board duly constituted by the S tate or Central Government under PWD Act.